

# Proxy Form

I \_\_\_\_\_

of \_\_\_\_\_  
(Name of Affiliated Life Saving Club)

being a Delegate or a member of the committee of management (or equivalent body) of the above-named Life Saving Club, hereby appoint:

\_\_\_\_\_ (Name of Proxy)

of \_\_\_\_\_  
(Name of Affiliated Life Saving Club)

or, failing that person, \_\_\_\_\_  
(Name of Alternate Proxy)

of \_\_\_\_\_  
(Name of Affiliated Life Saving Club)

as Proxy to vote on behalf of the above named Life Saving Club's Delegate to:

\_\_\_\_\_ (Name of Council or State Committee (as applicable))

at a meeting of the Council, to be held on, \_\_\_\_\_  
(Date of meeting)

and at any adjournment thereof, or until further notice.

Proxy endorsement \_\_\_\_\_  
(Signature of the Delegate or member of the committee of management (or equivalent body) of the Delegate's affiliated Life Saving Club)

date \_\_\_\_\_  
(Date signed)

The above named Proxy is instructed to vote in favour of # / or against # any meeting resolution.  
# Strike out whichever is not applicable

Unless otherwise instructed, the Proxy may vote as the Proxy thinks fit.

Please complete and return this form to Life Saving Victoria State Centre

- Email - [lifesavingoperations@lifesavingvictoria.com.au](mailto:lifesavingoperations@lifesavingvictoria.com.au)
- Fax - 03 9676 6932
- Post - PO Box 353, South Melbourne VIC 3205

### OFFICE USE ONLY

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